

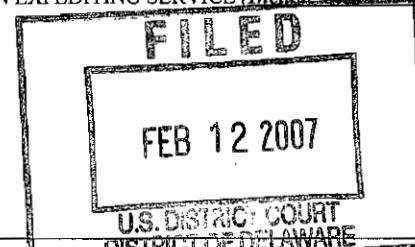
U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<u>Emanuel H. Jones</u> * <small>SBI</small> <u>557338</u>	COURT CASE NUMBER <u>1:06-cv-674 (SLR)</u>						
DEFENDANT	<u>NEW CASTLE COUNTY POLICE DEPARTMENT</u>							
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN								
SERVE AT	<u>NEW CASTLE COUNTY POLICE DEPARTMENT</u> <u>3601 North Dupont Highway, Newcastle, DE 19720</u>							
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW								
<u>Emanuel H. Jones # 557338</u> <u>Howard-R. Young Correctional Institution</u> <u>1301 East 12th Street • P.O. Box 9561</u> <u>Wilmington, DE 19809</u>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Number of process to be served with this Form 285</td> <td style="width: 40%; text-align: center;">1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td style="text-align: center;">3</td> </tr> <tr> <td colspan="2">Check for service on U.S.A.</td> </tr> </table>			Number of process to be served with this Form 285	1	Number of parties to be served in this case	3	Check for service on U.S.A.	
Number of process to be served with this Form 285	1							
Number of parties to be served in this case	3							
Check for service on U.S.A.								

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):



Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

Emanuel H. Jones

PLAINTIFF

TELEPHONE NUMBER

DATE

DEFENDANT

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
_____	_____	No. _____	No. _____	<u>B1</u>	<u>2-2-07</u>

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
<u>Susan Diaz, Legal Asst.</u>	

Address (<i>complete only different than shown above</i>)	Date	Time
	<u>2/9/07</u>	<u>12:30</u>
		<input type="checkbox"/> am
		<input checked="" type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

B1/Alm

Service Fee	Total Mileage Charges including <i>endeavors</i>)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
_____	_____	_____	_____	_____	_____

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

PRIOR EDITIONS MAY BE USED